U.S. DISTRICT COURT DISTRICT OF NEW JERSEY RECEIVED

### 2017 SEP 11 P 1: 03

# UNITED STATES DISTRICT COURT DISTRICT OF NEW JERSEY

additional page with the full list of names.)

Sandra Burgos	Complaint for Employment Discrimination
(In the space above enter the full name(s) of the plaintiff(s).)	Case No.
-against-	(to be filled in by the Clerk's Office)
Crty of Perth Amboy Frank Marrero	Jury Trial:
(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an	

#### I. The Parties to This Complaint

#### A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

#### B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Name
Job or Title
(if known)

Street Address
City and County
State and Zip Code
Telephone Number
E-mail Address
(if known)

City of Perth Ambry
Ambry
Ambry
Modlesex Cty
Perth Ambry
Ambry
Ambry
Modlesex Cty
Perth Ambry
Mod

Defendant No. 2

Name

Frank Marrero

Job or Title
(if known)

Street Address
City and County

Frank Marrero

Five Marrero

Five Tropector

SUS Chamber ain Avenue

Right Ambor Mindelsex Cty.

C.

	State and Zip Code	New Jerson 08861
	Telephone Number	738 826-0183
	E-mail Address	
	(if known)	
Defen	dant No. 3	
	Name	
	Job or Title (if known)	
	Street Address	
	City and County	
	State and Zip Code	
	Telephone Number	
	E-mail Address	
	(if known)	
Defen	dant No. 4	
	Name	
	Job or Title	
	(if known)	
	Street Address	
	City and County	
	State and Zip Code	
	Telephone Number	4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
	E-mail Address	
	(if known)	
Place	of Employment	
The ad	dress at which I sough	at employment or was employed by the defendant(s)
	Name	City of Rorth Ambord
	Street Address	200 tran Stroot
	City and County	Orth Dochard Mindle Cov
	State and Zip Code	APINI VECON ACTION
	-	(13) 826 7290
	Telephone Number	1 100 5 OUR UF 10

#### II. Basis for Jurisdiction

This action is apply):	s brought for discrimination in employment pursuant to (check all that
	Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).
	(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)
	Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.
	(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)
	Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.
	(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)
	Other federal law (specify the federal law):
ø	Relevant state law (specify, if known):  (A W A S a. )   )
	Relevant city or county law (specify, if known):

#### III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A.	The discriminatory conduct of which I complain in this action includes (check all that apply):
	Failure to hire me.  Termination of my employment.  Failure to promote me.  Failure to accommodate my disability.  Unequal terms and conditions of my employment.  Retaliation.  Other acts (specify):   (Note: Order of the state of the content of t
	(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)
В.	It is my best recollection that the alleged discriminatory acts occurred on date(s)  September 28, 2016
C. ]	I believe that defendant(s) (check one):
	is/are still committing these acts against me. is/are not still committing these acts against me.
D. D	Defendant(s) discriminated against me based on my (check all that apply and xplain):
	race color gender/sex female religion national origin age. My year of birth is (Give your year of birth only if you are asserting a claim of age discrimination.) disability or perceived disability (specify disability)

IV.

Е.	The facts of my case are as follows. Attach additional pages if needed.  **See a Hached		
	(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)		
Exhau	astion of Federal Administrative Remedies		
A.	It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on (date)		
В.	The Equal Employment Opportunity Commission (check one):		
	has not issued a Notice of Right to Sue letter. issued a Notice of Right to Sue letter, which I received on (date)  5404		
	(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)		
C.	Only litigants alleging age discrimination must answer this question.		
	Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct <i>(check one)</i> :		
	60 days or more have elapsed.  less than 60 days have elapsed.		

#### V. Relief

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

	Shuching Cai camages, Intentional Infliction of Emotional Distress, Detamation Hostile work.  Environment, Economic 18585.  As a result of Me incident, I have to go to therapy and suffer from anxiety and depression, panic, and safer dismissed while a planting three constitutions and Closing Employees at Police Department (inclicing a left-tives and related to Frank Marreyo. I had to the knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a non-frivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.
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## A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where caserelated papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 9/11, 2017

Signature of Plaintiff

Printed Name of Plaintiff

Annual Burnes

В.	For Attorneys
	Date of signing:, 20
	Signature of Attorney
	Printed Name of Attorney
	Bar Number
	Name of Law Firm
	Address
	Telephone Number
	E-mail Address